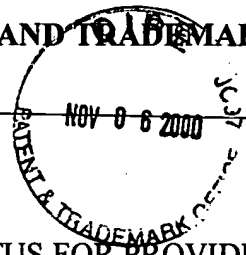


2756
2152

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Andrew F. Roberts, et al.
Serial/Patent No. : 09/329,606
Filed/Issued : June 10, 1999
Title : METHOD AND APPARATUS FOR PROVIDING NETWORK SERVICES
Group/Division : 2756
Examiner : N/A
Our Reference : 0007534-0001



TRANSMITTAL COVER LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Commissioner:

Please file the enclosed originally executed Revocation of Power of Attorney or Authorization of Agent and Power of Attorney or Authorization of Agent, not Accompanying Application for the above identified patent application.

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 501215.

Respectfully submitted,

COUDERT BROTHERS

Date: 11/3/00

By [Signature]

J.D. Harriman II
Reg. No. 31,967

COUDERT BROTHERS
333 South Hope St., 23rd Floor
Los Angeles, CA 90071
(213) 229-2900

Date of Deposit: 11/3/00

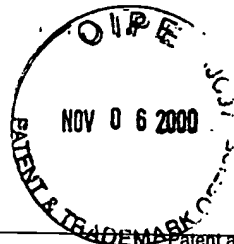
I hereby certify that this paper or fee is being deposited with the United States Postal Service as First Class Mail under 37 CFR § 1.8 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231.

[Signature]
Jose Ramos

JDH/jr
Enclosure
LA 38563v1

RECEIVED
NOV 13 2000
TECH CENTER 2100

Please type a plus sign (+) inside this box → ☐



PTO/SB/82 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-------------------|
| Application Number | 09/329,606 |
| Filing Date | June 10, 1999 |
| First Named Inventor | Andrew F. Roberts |
| Group Art Unit | 2756 |
| Examiner Name | N/A |
| Attorney Docket Number | 0007534-0001 |

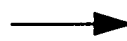
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name

Richard Bugley

Signature

Date

5/18/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
NOV 13 2000
TECH CENTER 2100

NOV 06 2000

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

| | |
|------------------------|-------------------|
| Application Number | 09/329,606 |
| Filing Date | June 10, 1999 |
| First Named Inventor | Andrew F. Roberts |
| Group Art Unit | 2756 |
| Examiner Name | N/A |
| Attorney Docket Number | 0007534-0001 |

I hereby appoint: J.D. Harriman, II and Micah Goldsmith

☒ Practitioners at Customer Number

23600

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant.☒ Assignee of record of the entire interest
*Certificate under 37 CFR 3.73(b) is enclosed***SIGNATURE of Applicant or Assignee of Record**

Name

Richard Bugley

Signature

Date

5/18/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.